



- GSBYRA MIDGET SINGLE-HANDED CHAMPIONSHIP
 - GSBYRA MIDGET DOUBLE-HANDED CHAMPIONSHIP
- Check one box above and print information below clearly.

Great South Bay Yacht Racing Association

Event Chairperson _____ Signature _____

Street address _____ City/State/Zip _____

Telephone _____ E-mail address _____

I certify that the skipper (and crew if applicable), who are named below is/are a member of _____ club, which is a member of this Association, and meets the requirements and conditions for eligibility to compete in the GSBYRA Midget single-handed or double-handed championship.

Date _____

Signature _____

Skipper _____ Boat _____ Sail number _____

Street address _____

City/State/Zip _____

Telephone _____ E-mail address _____

Birth date _____

Crew _____

Street address _____

City/State/Zip _____

Telephone _____ E-mail address _____

Birth date _____

Alternate _____

Street address _____

City/State/Zip _____

Telephone _____ E-mail address _____

Birth date _____